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**SPECIAL ARTICLES**

THE EVOLUTION OF HEALTH SERVICE WORK,  
MEDICAL, DENTAL AND NURSING,  
IN SCHOOLS IN TORONTO

DR. W. R. MICHELL

THE MODERN HOSPITAL FOR TREATMENT OF  
INFECTIOUS DISEASES

B. EVAN PARRY, M.R.A.I.C.

RECENT JUDGMENT GIVEN IN CASE UNDER  
ONTARIO ACT FOR THE PREVENTION  
OF VENEREAL DISEASES

THE HONOURABLE MR. JUSTICE RIDDELL

# Vital Questions

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# The Public Health Journal

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VOL. XV.

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## The Evolution of Health Service Work, Medical, Dental and Nursing, in Schools in Toronto, with a detailed account of its growth and present status

BY DR. W. R. MICHELL

THE first school physician appointed in America was in Boston during the year 1894. The first School Nursing Service was begun in New York, September, 1902, when twelve nurses were appointed for the New York schools under the direction of Miss L. L. Rogers, who was later Chief Nursing Superintendent of the Toronto Schools.

In 1911 there were 1,500 school physicians and 600 school nurses in the U.S.A. and Canada. In New York, one year after the School Nursing Service was in operation, the number of children sent home by the inspectors had diminished from 10,000 to 1,100.

### REPORT, 1910.

The first Health Service report recorded in the Board of Education Annual Reports of the City of Toronto was that of Miss L. L. Rogers, who was appointed Chief Superintendent of Nurses in April, 1910. At the end of 1910 the Nursing Staff consisted of a Chief Nurse and four Assistant Nurses, and a summary of the work done from May 6th, 1910, to December 24th, 1910, gives the following information:

Number of children inspected .....	13,169
Number of diseases found .....	619
Number with defective vision .....	540
Number with enlarged tonsils .....	1,779
Number with decayed teeth .....	12,443

and to indicate the meagre results resulting from these inspections:

Glasses fitted .....	26
Tonsils removed .....	35
Teeth filled .....	86

On September 15th, 1910 two Medical Inspectors were appointed, and they, along with the Nursing Staff, were able to care for twenty (20) schools with an attendance of 4,000 children, giving three inspections per week. So many were the defects revealed by these inspections, that on February 2nd, 1911, a Chief Medical Inspector (Dr. W. E. Struthers) was appointed, and eight assistant part-time Medical Inspectors, one dental officer and thirteen nurses were added to the Staff. The City was divided into sixteen districts and on February 15th, 1911, six more nurses were appointed, while on March 21st, ten more Medical Inspectors were added to the Staff. This enabled every School to have a visit from both Medical Inspector and nurse daily. The work was carried out as follows:

A complete physical examination was made of :

- (1) Kindergarten children or "Entrants,"
- (2) Graduating pupils or "Leavers,"

and when required a "Special Physical" was made of any pupil during the year. There was also a "Routine Inspection" after the holidays—New Year's, Easter and Summer—whereby cleanliness of heads, traces of possible communicable skin diseases, etc., could be checked up.

If the result of the "Special" examination showed the necessity of urgency, the School Nurse visited the home and explained the case to the parents. Medical Inspection of pupils brought the Service into contact with the Board of Health and the two Services were most helpful to each other, especially in the checking of communicable diseases. The relations with the medical practitioners were not always so cordial, the criticisms directed against the School Service being of two kinds:

- (a) Mistaken diagnoses of inspectors,
- (b) Unjust quarantine.

At that time the question of "Carriers" was not thoroughly grasped even by the practitioner. The School Medical Service was able that year (1911) to have the rule abrogated that two cases of diphtheria in a room meant the closing of that room. They rather took throat and nose swabs of the pupils of that room to try to isolate the "carriers"—methods which are still used. Even at that early date, Dr. Struthers speaks of the quarantine difficulties, especially regarding the minor communicable diseases—and this problem is still with us.

The School Nurse was considered essential to "follow up" systematically the work of the Medical Inspectors. By this was meant the visits to the child's home, and in the case of exclusions from school, to see that proper treatment was commenced. The results obtained in cleanliness of heads and bodies and in the checking of communicable diseases were so splendid that the "Lancet" of that year commented on the increased cleanliness of children in the Out-Patient Departments of the

city hospitals. The City Relief Officer stated city relief was much more judiciously expended since the nurses were able to report about conditions among those applying for relief.

In the 1911 report the Chief Medical Inspector made a strong plea that an Open Air School be established in one of the wooded parks in the city's outskirts "for the benefit of the physically undeveloped, poorly nourished, anaemic, pre-tuberculous children." Mention was made also of the question of "Feeble-Minded Children." The British Royal Commission applied this definition, "A feeble-minded person is one who is capable of earning a living under protected circumstances, but is incapable of competing on equal terms with his normal fellows, or managing himself and his affairs with ordinary prudence. He is of higher mentality than the imbecile, just as the imbecile is of higher mentality than the idiot." In 1911 an estimate of the number of feeble-minded in Ontario was between 1,000-2,000, and about 50 were then in the care of the Board in special classes meeting for one-half day. It was recommended that the feeble-minded should never be in class-rooms with other children after they had reached the age of ten years, and that the lower grades approaching imbecility should never be registered in Public School classes. The solution of the problem seemed to be a special school, with attention given to the improvement in every way of the physical condition of these unfortunates.

A post-graduate course of one month for nurses was commenced by the Chief Superintendent of School Nurses during the summer of 1911. The course was free and 28 nurses took advantage of it. Six nurses also gave lectures to the Domestic Science classes on First Aid, and were given the task of inspecting the heads of the children to eliminate pediculosis,—a very discouraging task, especially among the foreign children from homes with a low standard of cleanliness. The nurses also instructed the children about the use of handkerchiefs and by a thorough "follow-up" system were able to see how well the parents were having defects remedied, e.g., tonsils and adenoids, discharging ears and defective vision.

The Nursing Staff in 1911 consisted of the Superintendent and twelve other nurses. Nineteen (19) nurses completed the one month's post-graduate course and were appointed to do Public Health work along similar lines to the Toronto School Service in other smaller cities.

The increased volume of work accomplished and results obtained were, as indicated from extracts from the Superintendent's report:

Number of inspections made .....	486,240
Number of instructions given .....	100,092
Number with Pediculosis .....	9,359

Number with carious teeth instructed .....	80,363
Number of visits to homes .....	16,228
Number excluded for Contagious Disease .....	433

The results showed much more interest being taken by parents than in the year previously:

Number who had glasses fitted .....	247
Number who had tonsils and adenoids removed ....	469
Number who had teeth filled .....	1,744

#### DENTAL INSPECTOR

In 1911 a Dental Inspector was appointed and during the year held a Clinic for School Children at the Dental College once or twice weekly to remove roots and badly decayed teeth. A clinic was commenced at one school, and there were hopes entertained of several more being commenced at an early date. The records of dental inspection by Dr. Doherty (the first Dental Officer) in 1911, of two large Public Schools showed an average of 95.5% of the children needing dental treatment. He made a dental survey that year of 516 pupils (ages 5-7 years) and obtained this information:

- Of 90, two claimed to use a tooth brush.
- Of 128, six-year molar decayed and 6 lost.
- 2,624 cavities in teeth of first set.
- 256 abscesses discharging pus.
- 222 mouths particularly unclean.

To remedy these defects, the Dental Inspector delivered to the School Nurses a course of lectures on Mouth Hygiene and the Principals of the Schools were invited to attend a lecture on the subject. Then through the Canadian Oral Prophylactic Association arrangements were made to have tooth brushes and a good dentifrice sold to the school children at a nominal cost. A series of Health Cards (thirty in a set) were printed, in order to impress on all present the dangers of faulty mouth hygiene. Arrangements were also made to have children's teeth attended to at the Dental College, and an extracting clinic at the College and in the School where possible, where first teeth could be extracted properly.

The results of dental work in the Schools for 1911 were as follows:

Number of schools visited .....	17
Children examined .....	643
Children with perfect mouths .....	58
Children with unclean mouths .....	306
Children who brushed teeth daily .....	70
Teeth filled .....	28
Six-year molars defective .....	200
Lectures given .....	15

In 1911 an elaborate system of cards was introduced modelled for the most part on that in use in Boston, with some modifications. These cards were designed to keep records of the physical examinations, the defects found, the exclusions for communicable diseases, the re-admission of children to school after being ill several days (taking the place of the time-honoured note to the teacher), and were of the greatest service in keeping track of the work done both by Medical Inspectors and nurses. The fact that children were re-admitted by those competent to judge was of great benefit in detecting contagious conditions.

In 1912 the Service was increased, and at the end of the year there were 20 Medical Inspectors and 25 School Nurses. The opening paragraphs of the Chief Medical Inspector's report to the Board of Education dealt with the following questions:

- (1) Improper feeding of children with its effect on growth and progress in school;
- (2) Carelessness of many parents respecting sleep, with the effect on the school child;
- (3) Pernicious effect of cheap amusements, then becoming all too common;
- (4) The wearing of heavy clothing in hot school-rooms, and the unsuitable foot gear of children often seen in schools, e.g., rubbers in winter, tennis shoes in summer.

The School Nurses had done much to improve the Pediculosis among the children, and during the year they had distributed

10,000 tooth brushes,  
13,000 tubes of tooth paste.

During the year 1912—

3,050 children had teeth filled,  
746 had roots extracted,  
292 had both fillings and extractions.

Defective vision during 1912—

670 children had glasses fitted,  
40 children had glasses re-fitted,  
61 children had glasses fitted at the expense of the Board of Education.

#### FOREST SCHOOL

The first Open Air or Forest School was commenced on June 20th, 1912, and closed on September 20th the same year. About 70 children were on the roll, the average attendance being usually about 50. In good weather the children spent ten hours in the open. The daily routine was as follows:

Arrival about 8.30 a.m.

Breakfast of cereal, milk, bread and butter.

School work.

Glass of milk 10.30 a.m.

Noon dinner.

1-3 p.m. Sleep for each child in a cot with ample bedding.

Short study period followed by play and a march through the woods to catch the car home about 6.30 p.m.

The School was situated in Victoria Park and the children were not only instructed in school work, but received health instruction, including the care of the mouth and teeth, as well. The Dental Inspector examined the teeth and mouths of these children at the end of the term, and gave a most encouraging report. The gain in weight of the children varied from  $\frac{1}{2}$ -4 lbs., but the gain in general health was so noticeable that other similar schools were strongly urged to be constructed in other parts of the city.

During 1912 there were 540 feeble-minded children referred to the Medical Inspectors for examination. Of these

400—merely backward,

120—feeble-minded,

21—imbecile.

Classes for backward children had been established in three Public Schools. The Chief Inspector recommended a segregation of this class of pupil, and the opening of a Government Training School.

#### Communicable Diseases during 1912:

Diphtheria .....	84
Scarlet Fever .....	42
Measles .....	113
Chicken Pox .....	497
Whooping Cough .....	175
Mumps .....	52
Suspects .....	292
Exposed .....	728

making a total of 863, all of which were excluded, and 728 who were exposed. 366 were excluded for other conditions. Much difficulty was experienced in enforcing quarantine, but the figures show vigilance in preventing epidemics.

The reports of the Medical Inspectors and the nurses of their work among the school children and homes show the following figures:

School visits (nurses and doctors) .....	22,990
Home visits (ditto) .....	22,187
Special physical examinations .....	12,078

Parents notified of defects .....	7,928
Total physical defects .....	19,177
Complete physical examinations .....	9,221
of whom there were .....	(normal) 2,728 (defective) 6,493

Among these defects were noted:

5,836 had enlarged tonsils,  
1,493 had defective vision,  
13,643 had carious teeth,  
1,299 had contagious disease,  
1,435 had skin disease,

and the results of notification of defects to parents and "follow up" work resulted in:

Tonsils—1,305 removed or 22.5%,  
Fitted with glasses 710 or 47.5%,  
Teeth filled or extracted 4,088 or 30%.

The nurses gave 180,317 instructions about care of head, eyes, etc.

A recommendation was made to teach the older girls the care of infants and small children, and the formation of a "Little Mothers' League" under careful supervision.

#### NURSES' REPORT, 1912.

The report of the Chief Nurse stated that the Staff had been increased to 25 nurses, and that nine nurses completed the post-graduate course of one month. Regular "tooth brush drills" were now held in the schools and great improvement was observed in the mouth conditions. The Home visits of the nurses were of use in (1) discovering concealed contagious diseases; (2) following out of instructions given by Medical Inspectors in cases of defective vision, defective nasal breathing, etc.

In the Dental Service clinics for extractions were conducted in different schools by the Chief Dental Officer assisted by the School Nurse, and during the year 600 pupils were cared for and 1,100 extractions performed. The Service was advancing slowly, but valuable work was being accomplished.

#### 1913

This year the Forest School was kept open a longer term, viz., from May 13th until November 15th. There were 84 children who were regular in attendance and the average gain in weight was almost six pounds. 65 children had teeth attended to and seven (7) had tonsils and adenoids operated upon.

There were 21 Medical Inspectors working this year, and from their reports the following facts and figures showed:

School visits .....	13,110
Home visits .....	983
Special inspections of pupils .....	53,776
Complete physical examinations .....	21,136
Consultations with parents .....	701
Swabs of suspected Diphtheria .....	558

and a summary of the chief defects showed the following figures:

Defective vision .....	1,899
Defective nasal breathing .....	3,359
Skin disease .....	2,502
Heart disease .....	83
Lung disease .....	48
Chorea .....	32

Conditions suitable for Orthopedic treatment 120. The project of the "Little Mothers' League" was brought forward again, and the work was commenced in four schools. The older girls were taught how to care for infants and small children by one of the School Nurses.

The work of the School Nurses during the year (now 50 in number) was thus summarized:

Inspection of children .....	748,242
Home visits .....	29,541
Instructions in Public Health .....	175,104
Consultations with parents .....	171
Children fitted with glasses .....	624
Adenoids .....	179
Tonsils .....	342
Tonsils and Adenoids .....	1,036

The Staff of Nurses had been increased to 50, and twenty nurses attended the one month's post-graduate course. There were 41 children unable to pay for the glasses provided, and 235 cases of suspected tuberculosis were sent to suitable places for treatment—to Sanatorium or Preventorium.

The report of the Dental Officer for 1913 showed substantial progress in that direction. Dental clinics had been established in four schools and during the year there had been distributed:

- 8,391 tooth brushes,
- 11,780 tubes of tooth paste.

The results of the work were as follows:

Number of fillings .....	2,912
Number of extractions .....	1,698
Dental operations .....	7,348

Number of children receiving complete dental treatment .....	556
At Municipal Dental Clinic .....	1,200

The effect of home visiting by the School Nurses was beginning to show in the better care taken of the children's mouths.

#### 1914

At the close of 1914, Dr. Struthers, the Chief Medical Inspector, resigned, and in his final report he stated that the Staff had now been so increased that there were now in the School Service:

- 10 Medical Officers,
- 1 Tuberculosis Officer,
- 14 Dental Officers,
- 38 Nurses.

The work had progressed favourably and there were now:

- 20 more Little Mothers' Leagues,
- 9 additional Dental Clinics,
- 1 additional Forest School.

Victoria Park Forest School opened May 12th with 110 pupils and continued six months. High Park Forest School opened July 15th with 115 pupils and continued three months.

At the Toronto Exhibition a model Forest School was demonstrated, and in the Education Building a demonstration of the "Little Mothers" at work was also given.

An analysis of the reports of the Medical Inspectors for the year 1914 showed:

School visits .....	11,810
Home visits .....	1,562
Special inspections of children .....	48,824
Number of defects found in these special inspections	5,275

Of which some were as follows:

Defective vision .....	418
Enlarged tonsils .....	414
Carious teeth .....	1,067
Skin disease .....	2,660
Number of children given complete physical examinations .....	25,338
Number found normal .....	5,877
Number found normal except teeth .....	9,807
Total number of defects .....	32,210
Defective vision .....	1,994
Defective nasal breathing .....	3,057
Enlarged tonsils .....	4,600

Of these defects 2,668 had been remedied and 8,579 parents had been notified. The consultations with parents showed an awakening interest.

In 1913 there were 171 consultations, while in 1914 there were 1,553 consultations with parents.

The reports of the Nursing Service showed the following results:

Inspections of school children .....	820,611
Home visits .....	33,740
Glasses fitted .....	714
Children who had tonsil and adenoid operations....	1,329
Teeth filled .....	3,668
Teeth extracted .....	1,627
Children who had fillings and extractions .....	3,987

The report of the Dental Officer that year showed interesting comparisons with that of the previous year:

Number children who received dental treatment, 1913 .....	5,971
Number children who received dental treatment, 1914 .....	9,170
The number who received complete dental treatment during 1914 was .....	2,655

The effect of home visiting by the Nurses and of the Dental Clinics was beginning to bring forth good results, as the following figures will show. Three schools were surveyed in 1911 and the percentages of defective teeth estimated. The same three schools were surveyed in 1914 after the clinics had been in operation some time.

The results in 1911 were 99% 92½% 95%

and in 1914 ..... 69% 58% 56% respectively

Not only was this improvement due to the Clinic, but the Mothers' Meetings, lectures to teachers, systematic work of physicians and nurses as well as the work of the dental officers themselves, played a very important part in these gratifying results.

That year there was a Tuberculosis Officer appointed, and his report was first submitted at the end of 1914. The city was divided into 19 districts with a doctor and two nurses in charge of each district. The doctor and the two nurses of each district referred to the Tuberculosis Officer all cases of those suspected of having the disease or of being exposed to it, *i.e.*, suspected cases or contacts. They also furnished him with a complete report of the home conditions. The work of this department was carried on in conjunction with the work of the family physician, dentist, chest clinics, various missions and social organizations, and it was hoped that in this way tuberculosis among children (then estimated at about 25%) could be lessened.

The physicians were found to co-operate, and cases of tuberculosis reported by the Board of Health were referred to the School Medical Officer, and thus all school children exposed could be located and referred for examination at the various clinics. If examinations were made in schools parents were to be present, if at all possible. A tuberculin test was made, and all minor ailments, *e.g.*, tonsils, adenoids, etc., which tended to keep back the general health of the child were given attention. Those who were considered safe to mingle with other children were sent to the Preventorium, Lakeside Home, or to the Forest Schools, while open cases were excluded from all schools and treated in Sanatoria where possible.

A summary of the results obtained from examinations at schools and in the Hospital for Sick Children (H.S.C.):

Number examined in schools, 142; positive 78, negative 21, doubtful 43, or, expressed in percentages, positive 54.92%, negative 14.78%, doubtful 30.2%.

At the Hospital for Sick Children the number examined was 366. The results were as follows:

Positive 131, or 35.79%.

Negative 80, or 21.85%.

Doubtful 155, or 42.40%.

The fewer doubtful results in the school examinations were considered to be due to the better "following-up" facilities.

A short analysis of the report of the Nursing Division of the School Medical Service showed that:

147 glasses were supplied to indigent children,

11,016 tubes of tooth paste had been distributed during the year and 4,174 tooth brushes.

"Little Mothers' Classes" had been started in twenty schools and the results obtained were most encouraging.

#### 1915

During the year 1915 the position of Chief Medical Inspector was held by Dr. A. C. MacKey. In spite of the Great War and the dislocation of the Service resulting therefrom, the work was going ahead very satisfactorily. The Forest Schools were opened on May 15th, 1915, and closed on November 15th, 1915. The average daily attendance at each school was 100 pupils. In High Park School 61% of the attending children were of foreign parentage. The gain in physical and mental vigour was remarkable, and the average gain in weight at High Park was  $5\frac{1}{2}$  lb. and at Victoria Park  $5\frac{1}{3}$  lb. The cost per pupil per month was estimated at \$10, the most expensive item being the food provided. The

Chief Medical Inspector recommended that the Open-Air Class Room System be established for these children during the balance of the term, as much of the good results of the summer was spoiled by the filthy home conditions to which the children were subjected when the Forest Schools closed. A strong plea was made that lunches be provided for the children of the poorer districts, as was done in the Schools of English and American cities, and once again, a recommendation was made to the Board of Education to care for the mentally defective in a more satisfactory manner. There were said to be 2% of the Toronto School children (a number of nearly 1,200) who were mental defectives. Special classes for the High Grade Defectives and a specially supervised Government School for the Lower Grade Defectives were suggested.

During the year 1915 there were in the Staff of the School Medical Service 26 Medical Officers and 45 Nurses. A short sketch of the work of the 26 doctors was as follows:

Number school visits .....	11,166
Number home visits .....	1,325
Number routine inspections .....	149,853
Number special physical examinations .....	1,228
Total number defects found thereby .....	3,946
Number complete physical examinations .....	22,363
Number children found vaccinated .....	8,987
Total number defects found .....	27,960
Number children found normal .....	5,681
Number children found "normal except teeth" .....	8,511
Number of terminated cases .....	2,174
Number cultures taken .....	202
Tuberculosis cases .....	31

The Nurses made 17,377 school visits and 31,574 home visits.

Total number of instructions given .....	170,966
Total number of treatments .....	38,238
Total number of glasses fitted .....	696
Tonsils and adenoids removed .....	1,255
Dentistry completed by family dentist .....	3,447
Dentistry completed at school clinic .....	4,680
Dentistry completed at municipal clinic .....	1,964

The Dental Officer's report stated the following:

Number of dental districts in city .....	15
Number of dental officers .....	14
Number children receiving complete dental treatment .....	5,640

Number children examined for dental defects .... 49,081

Average percentage of dental defectives, 65%, a most gratifying average in the opinion of the Chief Dental Officer.

During the year the School Nurses attended lectures twice weekly at the University Social Service Course. The work of Social Service was considered very necessary in school work, especially in the following-up part of the School Nurse's round.

#### 1916

In March, 1916, Dr. MacKay went overseas and Dr. F. S. Minns, the Tuberculosis Officer, acted as Chief Medical Inspector. The following important advances in the work were noted:

- (a) The commencement of two Open-Window Classes at Orde St. School. The results obtained justified the experiment.
- (b) The increased number of Little Mothers' Classes from 30 to 45.
- (c) An improved system of card-indexing and recording of work done in the School Medical Services in the various schools.
- (d) An increased amount of interest taken in the instruction of physically and mentally defective children.
- (e) An improved system of Sight-Saving Classes (the Board supplied 108 pairs of glasses in 1916).
- (f) A special survey re vaccination. It was found that only 36% of the present school population was vaccinated.

During 1916 a set of Rules and Regulations was drawn up, in which the duties of Medical Officers, Dental Officers and Nurses were clearly defined.

The hours of duty were specified as follows:

Medical Officers .....	8.50 a.m. to Noon
Dental Officers .....	8.50 a.m. to Noon
Nurses .....	8.50 a.m. to Noon and ..... 1.30 p.m. to 4 p.m.

There were 19 Medical Officers on duty during 1916 and a summary of their work was thus indicated:

Number special physical examinations .....	1,368
Number complete physical examinations .....	16,674
Number terminated cases .....	1,163
Number children found normal .....	4,373
Number children found "normal except teeth" ....	5,156
Number cultures taken .....	261
Total number defects .....	23,341
Number children found vaccinated .....	5,178

The report of the Chief Dental Officer showed that the percentage of dental defects in all the City Schools had been reduced to 51%, a most striking result of the thoroughness of the Dental Service, and the active co-operation of all concerned, viz., parents, teachers, nurses and physicians. The report of the dental work was as follows:

Number children relieved of toothache .....	2,347
Number completed cases .....	5,730
Total operations .....	64,730

A portable dental clinic was instituted in 1916, and thus schools could all receive two or three weeks of general dental prophylaxis and instruction. The results were most gratifying.

#### 1917

In September, 1917, the School Medical Service was transferred from the Local Board of Education to the Local Department of Health. Dr. M. B. Whyte was appointed to the position of Director of Medical Services and an effort was made to make the Service a full-time one. Five full-time Medical Officers were appointed, and five part-time men shortly after Dr. Whyte had taken office. The type of work was changed very materially. The parents were urged to come to the physical examinations at convenient times arranged by the School Nurse. The examinations were made reasonably complete with the children's clothing removed to the waist. If parents were unable to come they were requested to sign a "Consent Card," which gave the Medical Examiner the privilege of making a complete physical examination of the child. When this card was not signed, the physician made a superficial examination only, as no clothing could be removed. Routine inspection for Communicable Diseases and Re-admissions were left largely in the hands of the School Nursing Service. Along with school duties each nurse combined other community nursing activities, and the percentage of parents present at the end of the first year of the re-arranged system was very encouraging.

In 1920 the present Chief Medical School Officer, Dr. J. T. Phair, was appointed, and he was the means of having the part-time Medical Officers superseded by full-time ones, and the Staff was brought up to nine full-time Medical Officers. The routine of work was not changed.

The Dental Service was continued along the lines mentioned, being gradually increased according to demands until it now numbers thirty-two (32) Treatment Clinics.

Special Extraction centres were initiated and the work of prophylactic dentistry was given special attention. Three Dental Officers spend their entire work time doing dental survey work. It is the earnest desire of the present Chief Medical Officer to make the Dental Service a full-

time one. In considering any figures about dental corrections, it must be remembered that they are rather difficult to obtain and place in their proper yearly category.

The work of the School Medical Service for the years 1918-1923 inclusive is briefly summed up in the following statement:

	1923	1922	1921	1920	1919	1918
Complete physical examinations .....	19229	21034	19203	17586	15257	14966
Normal children found....	13714	14492	9895	9062	7886	7137
Parents present .....	8649	8987	8365	6963	6507	6756
Vaccinations .....	9819	11595	11869	13401	.....	.....
Special physical examination .....	5519	.....	.....	.....	.....	.....
Treatments .....	266	.....	.....	.....	.....	.....

These figures are compiled yearly from the reports sent to the Department of Vital Statistics, City Hall, by the School Physicians. The number of examinations, parents present, etc., are indicated on a form which is filled out at the close of each school visit by the School Medical Officer. As it is only recently that he has been a full-time physician, the later figures are much more reliable.

The reports of the Nursing Service for the same periods, viz., 1918-1923 are thus summarized:

	1923	1922	1921	1920	1919	1918
Exclusions for communicable diseases .....	2371	3499	2029	2374	1877	1491
Exclusions for pediculosis	4312	4775	5783	6247	4165	4019
Exclusions for miscellaneous causes .....	8039	7869	8124	8465	8395	5594
Home visits .....	23908	22531	19781	21938	30823	24142
Class-room inspections ....	18391	18021	16784	15023	19654	15389
Health talks .....	10990	9793	5962	3556	1437	174

The work of the Dental Department of the School Service is thus indicated for the years 1918-1923 inclusive:

	1923	1922	1921	1920	1919	1918
Number children examined	61035	65742	55586	56000	39515	24101
Defects found .....	37224	37179	28752	26000	22535	18382
Terminations .....	24611	24561	20814	13092	11517	7016
Completions .....	21814	19147	16394	9458	7051	5328

In conclusion a short summary is given of the nature of defects found and the numbers of such which were terminated. It will be noticed that

in the years 1922 and 1923 only the remediable defects are considered in the reports of these years:

#### CHARACTER OF DEFECTS

Nature of Defect.	1918*		1919		1920		1921		1922*		1923*	
	Found	Term										
Vision .....	1602	521	1304	1077	1192	971	1107	997	1215	1255	1003	969
Hearing .....	418	13	394	58	207	119	233	75	280	104	222	96
Eye Dis. ....	314	38	245	60	221	114	246	128	172	79	149	65
Ear Dis. ....	159	11	156	38	138	52	127	72	106	79	76	56
Def. Nasal												
Breathing ..	3421	1241	2750	2241	2457	2580	2384	2503	1861	2955	1637	2187
Tonsils .....	3774	1498	4211	3227	4406	3593	3966	3683	3716	4183	2716	3243
Anaemia .....	1300	389	1135	214	994	321	547	161	441	245	182	209
Digestive ....	40	10	38	12	82	18	205	50	14	39	22	57
Enl. Gl. ....	1596	48	818	119	779	369	424	208	265	206	236	233
Skin .....	160	48	160	69	163	87	144	109	109	93	70	65
Orthopedic ...	102	8	130	19	97	30	69	25	49	23	61	24
Malnutrition...	340	11	330	28	1514	275	1819	386	1621	598	586	544
Pulmonary ...	117	4	152	15	111	19	78	14	62	16	36	66
Cardiac .....	359	12	339	83	326	97	224	72	168	67	97	105
Nervous .....	86	4	55	6	34	2	25	2	9	4	0	9
Ment. Def. ....	172	4	55	6	34	2	25	2	9	4	0	9

\* Terminated.

\* Remedial defects only.

## The Modern Hospital for Treatment of Infectious Diseases

BY B. EVAN PARRY, M.R.A.I.C.

**T**HE hospitalization incidental to the Quarantine Service rendered it incumbent upon the Federal Department of Health to remodel the hospital buildings at the Quarantine Stations throughout the Dominion, and the action taken thereon has been more than justified by the increased efficiency in the Service. The Pasteur principle, generally known as the pavilion-cubicle plan, has been adopted.

This plan primarily has its value in being able to treat either one or a number of patients at a minimum expense, inasmuch as the hospital can be operated in part or as a whole. For example, in the ordinary infectious diseases hospital four different infectious diseases such as measles, scarlet fever, diphtheria and mumps would require the use of four wards with four nurses, one for each ward, whereas in the cubicle system only a small section would be in use and administered by only one nurse and attendants, the resultant effect being a considerable saving in cost of the maintenance and upkeep of the hospital.

The standards of principle, practice, planning and equipment in these hospitals are such and by the fact of so many enquiries being received from time to time by the Federal Department of Health it is considered that such information may be of value both to the medical practitioners and hospital authorities throughout the Dominion.

The principle is based on the theory of contact infection, which said infection is avoided by strict asepsis.

Air infection is disregarded.

The patient in the cubicle or ward must be absolutely isolated from any foreign germ either coming from the inside of the hospital or from the outside.

All the staff are very carefully instructed, first, how to protect themselves, and, secondly, how to avoid transmitting infection from one ward to another or from one patient to another.

All articles entering the patient's room are aseptic, and all articles going out of the room immediately sterilized.

The patient in isolation is deprived of visitors as nobody except physicians, nurses and ward maids must enter the room, and even they take the utmost precautions and observe all the rules of medical antisepsis.

Members of the patient's family are permitted to see the patient through the windows from the outside verandahs, and, further, can converse with him, thereby restoring confidence to both patient and family.

These aseptic principles are laborious and require thought and great care. Most of the credit and success of satisfactorily treating cases in this way belongs to the nursing force.

The irregularity of admissions constitutes the chief special problem of the infectious diseases hospitals inasmuch as oftentimes with little warning a number of patients require admission suffering from different infectious diseases, and since it is necessary to give immediate admission the problem of keeping the different kinds of infection separate is immediately presented. Its solution depends upon

- (1) An adequate supply of isolation units;
- (2) Correct primary diagnosis whenever possible;
- (3) A rigid antiseptic technique in the admission, nursing and treatment of the patient.

These three conditions if closely observed will largely eliminate cross infection.

The most fertile source of infection is the patient himself. Therefore it is very important to make a correct entrance diagnosis, to rule out mixed infections, and if there is any doubt to isolate the cases until a decision is reached.

If a child is not sick enough to be kept in bed he is prevented from leaving the room by the placement of a removable gate in the doorway which allows him to see out into the hallway through perpendicular slats.

Primarily the individual wards are designed for one patient only, but are large enough to hold two beds if emergency arises, which necessitates abandonment of the plan of strict isolation of each individual.

When the rooms are thus utilized, care is taken to place children together who not only have the same disease, but also have been previously associated. Examples of such cases are those in which two children of the same family are admitted to the hospital at the same time, or in which a mother accompanies a nursing infant.

A patient once placed in a room is not allowed out of it unless taken out of doors and seated by himself.

When admitting patients the practice is that of taking the patient direct to the incoming patients' ward, bathed, clothes and valuables recorded on the back of the admission sheet, the clothes being put in a bag, which later is labelled with the patient's name and taken to the sterilizing room. Dirty clothing is sent to the laundry where it is sterilized before washing. All other articles are placed in the steam sterilizer.

After each individual patient vacates the bathroom it is mopped out

with hot water and soap, and the bath tub scrubbed with two per cent. creolin solution.

During the hospitalization of the patient the soiled clothing is placed in canvas bags, which are collected daily and taken to the laundry where it is subjected to immersion in boiling water from forty to sixty minutes. An attendant is specifically detailed for this work, wears a gown, and after handling infected clothing thoroughly washes his hands.

The patient is provided with a thermometer, pus basin, hand basin, ice bag, etc., in fact such things as will be used constantly and being kept in the room as long as the patient occupies it.

Bed pans, urinals and other medicinal utensils after being taken from the room are placed immediately into a large utensil sterilizer in the utility room.

Food dishes and trays when taken from the room are placed in a sterilizer in the diet kitchen, then sterilized by steam and hot water before they are washed. This practice is the means of keeping the diet kitchen uninfected.

Each morning a fresh paper bag is hung by a small strip of adhesive plaster from the shelf. This bag is to receive used dressings, antitoxin containers, throat swabs and everything else which has been used in the room and which can be of no further service. The bags are collected daily, taken to the incinerator and burned.

Outside of each room three gowns and caps are hung, one for the doctor, one for the nurse and one for the ward maid; clean gowns being supplied daily.

If the patient or anything in the room is touched, the hands are washed with soap in running hot water and dried on individual towels. The care of the hands is rigidly insisted on.

The rooms all have large immovable glass windows in the partition between them, so that it is possible for the nurse to see the patients in many rooms at the same time.

Also windows are placed beside each door to enable the nurse to be conversant with that which is going on in each room without entering.

The beds are placed next to the partition windows and convalescent children soon begin to play with each other through these windows without the danger of any direct contact. Experience has proved that there is more contentment where they can see each other and see what is going on around them without coming in actual contact than there is where they all mingle freely together in a common ward.

As practically all quarrels among small children have their origin at the effort which one child makes to take away forcibly from another

child some object which it desires for itself, the reason why more happiness exists here is apparent.

Each ward is provided with running water controlled by levers operated by the forearm or knee to avoid contact by hands, and all toilets should be automatically flushed by a lifting seat.

Charts should be kept in the corridors and not in the wards, the reason being that patients are apt to handle them, and at times it has been observed in the case of an intelligent person that by studying the charts recovery has been somewhat retarded.

The lighting switches should be fixed outside the wards.

On the discharge of a patient the bed, furniture, floors, doors, knobs, wash basins and walls within reach are washed with soap and water.

The mattresses are sterilized by steam.

Toys, books, etc., are either sterilized or burned after the patient vacates the room.

Fumigation is unnecessary.

All garbage, soiled dressings, etc., are burned.

It has been computed by the most eminent physicians dealing with infectious diseases on the American Continent where the foregoing principles and practice are observed that one nurse should be detailed for every four patients.

#### PLANNING AND CONSTRUCTION

The wards are placed on each side of a common corridor with flushing or isolation passages opening on to the outside verandahs. The flushing corridors give speedy and thorough ventilation of the corridors contiguous to the isolation wards, and permit in the summer time of a current of fresh air being created thereby keeping the hospital generally cool even during the most torrid heat without disturbance to the patient.

Each unit has running hot and cold water, a drop light attachment so that examination of ear drums can be made in the room, heating radiator and indirect electric light in the ceiling operated by a switch outside the room door.

Where conditions warrant one-storey structures, or even one and a half, wooden construction would appear to be permissible from the point of view of safety of the occupants, but buildings of combustible type even with masonry exterior walls are generally not morally justified in excess of two storeys in height.

Favourable initial cost, outside of consideration of the length of the construction period, would appear to be the sole argument in favour of non-fireproof hospital buildings, while the advantages with respect of maintenance costs are decidedly in favour of the fireproof type.

### INTERCOMMUNICATING MEANS

Since the patient is constantly being taken through the corridor and wards, not as he would walk through a hotel, but on a stretcher or more likely on a hospital bed, the width of the corridors must be such that a bed which is  $6\frac{1}{2}$  feet long and diagonally 7 feet may be turned within this corridor.

Since most hospital beds are at least 3 feet wide the projections on the bed making an additional two or three inches, the doors entering the wards and private rooms should be 3 feet 8 inches wide or preferably 4 feet for easy communication.

### SANITATION

Where municipal system of sewage is not available the question of treating foci from infectious cases is of paramount importance. In such cases without exception a septic tank, which would necessarily have to be constructed under such conditions referred to, should be designed with provision for settling, discharge, overflow and treatment tanks. The infected sewage from the building should discharge into the settling tank, then flowing into the discharge tank and the overflow tank, from which latter tank the effluent is released into a treatment tank periodically, and during retention dosed before final discharge into the disposal area.

The dosing formula for such treatment is as follows:

100 parts per million of fluid chloride of lime.

Contents of tank to be well stirred and period of exposure one hour.

### VENTILATION

The method of ventilating by fans is the standard procedure recommended by the majority of ventilating engineers. However, ventilating by the use of window inlets and gravity exhausts is now being advocated by many physicians. This latter system of ventilating can be used under a wide variety of weather conditions with excellent results so far as the comfort of the occupants of the ward is concerned. The method avoids the stagnant characteristic of ventilation by windows alone, but does not, of course accomplish aeration as complete as that characteristic of plenum ventilation. Ample evidence is available that the diminished aeration does not tend to produce discomfort to or injure the health of the occupants.

Some difficulty is experienced from back draughts through the exhaust flues in the use of this system, and because of which fact, shut-off dampers should be installed at the exhaust openings so that they may be

partially closed off when such difficulties occur. With the temperature maintained in the neighbourhood of 67°F. a very agreeable impression upon the occupants is produced.

Mechanical ventilation, except under special circumstances, is neither desirable nor justifiable, inasmuch as the cost must necessarily add considerably both to the initial charges and to those of maintenance.

#### PLUMBING

All plumbing fixtures should be kept away from walls wherever possible and should be kept off the floors to the greatest possible extent. Wall hanging fixtures which have the proper support are much to be preferred to those having any floor connection. This would apply particularly to lavatories, water closets and slop hoppers. The object of hanging fixture is not primarily one of sanitation, but one of expedience in keeping the hospital clean with the least expenditure of time and labour. Bath tubs should be built into the floor at their base and as far as possible be free on two or three sides, so that patients can be readily handled.

#### FLY AND MOSQUITO SCREENS

The screening of the hospital should be considered as part of the general esthetic problem in the planning of the building. Local structural conditions will vary the type of screen, therefore wherever possible the screening of the hospital should be planned by the architect.

The minimum requirements is that screens be placed with an eye to local and sanitary conditions and according to the distribution of insect inviting material. Toilets come first in the matter of screening, and hardly less important are kitchens, laboratories, dining rooms, wards, operating rooms and laundries.

#### INTERIOR FINISH

The interior finish of the structure is made as simple and plain as possible with few mouldings and projections. All woodwork except doors and floorings can be of soft wood finished in white or ivory enamel except in the administration building where coloured enamel in soft tones may be used. Birch doors of compound construction entirely smooth and without panels, finished mahogany, contrasting well with the painted walls and trim, are recommended. All walls, partition walls, and ceilings should be finished in hard cement plaster, painted with enamel and finished with gloss in the wards and stippled or flat in the other buildings.

All horizontal and vertical angles and corners should be slightly rounded, including the finish around the window openings.

The finish of the floors should be, tile for kitchens, toilets and utilities; hardwood for wards and cork lino or Battleship linoleum for corridors.

#### ELECTRIC BELL AND SIGNALLING SYSTEM

Electric bells should be provided for doors and for signalling between the various offices, in addition to which there should be installed a signalling system in the wards calling the nurse-in-charge to any bed or room. In this system it is necessary to instal a group of signals near each attendant's station and, further, to provide a button attached to a cord within the reach of each patient, upon the pressing of which a proper signal is operated indicating the location of the patient needing attention. The signal is so arranged that it cannot be replaced except by the means of a button located near the bed from which the call is sent, thus insuring the necessary attention by the nurse.

#### EQUIPMENT

##### *Autopsy Room:*

- One table.
- One sink.
- One slate shelf 18 inches wide.

##### *Morgue:*

- One slate slab of convenient height.

##### *Minor Operation Room:*

- One lavatory basin.
- One sterilizer large enough to take basins.
- One small autoclave.
- One small sink.
- One centre table.
- One instrument table with glass top.
- One instrument cabinet.
- One small table with stool.

##### *Laboratory Equipment:*

- One coagulator.
- One hot air sterilizer.
- One small Barnstead still.
- One Arnold sterilizer.
- One gas incubator.
- One cabinet for specimens and supplies.
- Three table sinks.

One sink for washing glass, etc.

One refrigerator.

One small centrifuge.

*Dispensary:*

One sink.

Cabinets and wall shelving.

One desk.

One record cabinet.

*Nurses' Station:*

Nurses' desk, enamelled steel with drawers and with two side pedestals, one with grooves into which the chart boards can be slid and the other pedestal with shelves for dressing trays set up all ready for immediate use. Cabinet for medicines and routine supplies. This cabinet should be made deep enough to hold flasks and dressings and should have doors with locks. Receptacle for portable desk lamp and pilot light of the signalling system. This should be placed directly before the nurse, a little distance above the desk where it can be plainly seen; outlet for exterior and interior telephones and chair, which latter should be of wood.

*Convalescent Ward Toilets:*

One small table.

One lavatory basin, hot and cold.

Two W.C. toilets.

Racks for bed pans and urine bottles.

One slop hopper with standing water.

One sterilizer.

One bath tub.

*Diet Kitchen:*

Locker.

Refrigerator.

Counter.

Cupboard.

Bread locker.

Tray shelves.

Drain boards.

Sink.

Marble shelf.

Dryer.

Gas stove.

Steam table.

Broom closet.

Hood.  
Clock.  
Electric point.  
Gas point.  
Radiator.  
Switch.  
Vent.

*Kitchen Service:*

One range.  
Two steam kettles.  
One coffee urn.  
Two large sinks placed on side walls.  
One large work table in centre.  
Dishwasher.

Sterilizer not required as all the dishes used by patients are sterilized in the diet kitchens.

*Convalescent Utility Room:*

One slop hopper.  
One toilet.  
One lavatory basin.  
One broom and utility cupboard.

*General Utility Room:*

One large sterilizer for bed pans and urinals.  
One rack for bed pans and urinals fixed over the radiators.  
One slop hopper.  
One lavatory basin.  
One blanket warmer.

It is to be noted that if the distribution of food is to be conveyed in bulk from a central kitchen, cooking equipment would not be required in the diet kitchens, except two heating rings for heating liquids, as the food could be conveyed in thermos food container carriages from the main kitchen to the diet kitchens and thence distributed to the bedside.

The plan of the administration building in connection with this standard type of hospital presents a variation from the usual practice in that for reasons chiefly economic it is adapted to serve as a combined administration building and nursing home.

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## Recent Judgment Given in Case Under Act for the Prevention of Venereal Diseases

DELIVERED BY THE HONOURABLE MR. JUSTICE RIDDELL

**T**HIS is an action of slander; the plaintiff filed a jury notice, but at the Sittings, both parties by their counsel desired that it should be tried without a jury, and I accordingly dispensed with the jury under the provisions of O.J.A., sec. 53.

A. C., a young girl under age, suing by her father, B. C., as next friend, brings action against Dr. D. for slanders alleged to have been published by him of her to her father and her employer, E. No special damage is claimed and none proved: general damages for injury to character and reputation alone are sought.

The words alleged to have been published to the employer, E., are set out in the statement of claim as follows:

"A. C. has a communicable disease, she has acute gonorrhoea, and you should not allow her to sleep with your daughter, and you and your family should not eat from the same dishes she does or be brought into contact with her."

The plaintiff failed to prove these words. I think that sitting without a jury I should allow any amendment necessary to meet the facts as proved—the pleadings then may be amended accordingly to set out the words actually used.

The words alleged to have been published to the father, B. C., are sworn to in substance by him, and they are substantially proved.

I find the following facts:

One, F., a taxi-driver, who lived sometimes with one parent in K. and sometimes with the other at O., came to the office in O. of the defendant to be treated for acute gonorrhoea. Recognizing this to be a communicable disease of a very virulent type, the doctor conceived it to be his duty under sec. 55 (1) of the Public Health Act, R.S.O., 1914, ch. 218, to give notice to the Medical Officer of Health, and he did so. I had doubt as to the admissibility of this notice, and had caused it to be marked "A" for identification only, but both counsel desired it to be put in as evidence, and I accordingly allowed it in—Exhibit 1.

A form for such notice has been prepared by the Provincial authorities. The matter is thought of such great importance to the health of the people that the Postmaster-General of Canada has directed that such

notices shall be free of postal charges. The form supplied to physicians requires to be stated the "source of infection" and also the "school where attended by children who are contacts."

Dr. D. asked the patient the source of infection and was told that it was the plaintiff; and the patient gave a circumstantial account of the time and place of the sexual congress. He also stated that she was in the employ of E. Dr. D. was the family physician of E., and he thought it his duty to make inquiry as to the contacts in E.'s family. He went to E., and asked him if the plaintiff were in his service. On receiving an affirmative answer he asked if she slept with anyone and was informed that she slept with E.'s little girl. Then the defendant said, "I am treating this boy for an infectious disease—govern yourself accordingly."

While "infectious disease" is a broad term covering scarlet fever, measles, small-pox, etc., I am of opinion that the words employed did sufficiently convey a charge of venereal disease against the plaintiff. While, no doubt, a girl could infect a boy with measles, etc., the circumstances of this case, including the suppression of the name of the disease, were sufficient to cause a person of ordinary intelligence to understand that what was meant was that the plaintiff was tainted with venereal disease and would not for that reason be allowed by a prudent father to sleep with his little daughter. The decision in *Capital and Counties Bank v. Henty* (1882), 7 App. Cas. 741, lays down that in the interpretation of words "the manner and occasion of their publication, the persons to whom they were published, and all other facts which are properly in evidence as affecting the meaning of the words in the circumstances of the particular case, must be taken into consideration in determining whether the words are defamatory or not": *Gatley, Libel & Slander*, pp. 116, 117.

If we are to look into the mind of the defendant, there can be no doubt of his meaning; but words are not to be construed according to the secret intent of the speaker: *Hankinson v. Bilby* (1847), 16 M. & W. 422, 445. It was said more than three hundred years ago: "The slander and damage consist in the apprehension of the hearers: "*Fleetwood v. Curley* (1619), Hob. 268.

And the old rule that, in actions of slander, words must be taken *in mitiori sensu* is no longer law; *French (Oscar) v. Smith* (1922), 53 O.L.R. 28, at p. 30. Even when the antique rule was in force, the mention of a woman in the same connection was enough to make it non-applicable. See case cited by Holt, C. J., in *Clifton v. Wells*, 12 Mod. 634; *Bloodworth v. Gray* (1844). 7 M. & G. 334. So here the mention of a boy

as afflicted with an infectious disease in connection with what is said of the girl is enough to satisfy even the old rule.

Of the conversation with the father, there can be no question in respect of the imputation—he told the father that the plaintiff had venereal disease and that she should be attended to—I do not believe that he added a menace that, unless that were done in twenty-four hours, he would make it cost the father \$100.

Charges of having a venereal disease are, of course, actionable without allegation or proof of special damage: *French (Oscar) v. Smith*, 53 O.L.R. 28, and authorities cited.

There is here no defence set up of justification; and the plaintiff was not required to prove the falsity of the charges. She undertook to do so; and, in view of the character of the charge, I thought it proper to permit the evidence.

Not only did she herself deny ever having had venereal disease—which would not perhaps go very far, even assuming her honesty—but it was proved that her father, on hearing from the defendant of her alleged condition, took her to his family physician, Dr. S., who examined her, and he swears that he found her free from venereal disease.

The defence set up is privilege, *i.e.*, qualified privilege.

The defendant says that he went to E. as his family physician; that he was such is true; that he believed he was the family physician to the father of the plaintiff is equally true, and he had good grounds for so believing—the father had just been paying him the balance of his account, apparently without any complaint.

I hold that as to the statements to E. there was a clear moral duty in the defendant, E.'s family physician, to notify E. of the danger his family seemed to be in.

The ravages of communicable disease were so damaging to the commonwealth that many years ago it was in Ontario made compulsory for physicians to notify the Medical Officer of Health or Health Officer of such diseases. Beginning in 1884 with 47 Vict., ch. 38, sec. 49, requiring the physician to report small-pox, scarlet fever, diphtheria, typhoid fever or cholera, through R.S.O. 1887, ch. 205, sec. 80, and R.S.O. 1897, ch. 248, sec. 89, we reach (1912) 2 Geo. V., ch. 58, sec. 55 (1), in which the requirement is extended to every "communicable disease"—as at present, R.S.O. 1914, ch. 218, sec. 218.

The appalling prevalence of venereal diseases and their terrible effects were most forcibly brought to the attention of the civilized world by the late war, indicating that a considerable number—not less than 10 per cent.—in every civilized country were infected with such disease, a veritable cancer eating into the very heart of the people. One of the

results in Ontario was the passing of "The Venereal Diseases Prevention Act" (1918), 8 Geo. V., ch. 42 (Ont.), and the amending Acts of (1920) 10 & 11 Geo. V., ch. 82, and (1922) 12 & 13 Geo. V., ch. 89.

None of these Acts specifically makes it the legal duty of a physician to report communicable disease except in cases which he is called upon to visit, and that report is to be made to the Health officer; in the case of venereal diseases (specially) the legislation has not yet gone beyond the case of those under arrest, under charge, or committed to some place of detention. But sec. 4 of the Venereal Diseases Prevention Act prescribing action by the Medical Officer of Health when he "is credibly informed that a person resident in the . . . . district is infected with venereal disease and has infected . . . . other persons," it seems plain that it is at least a moral duty on the part of every good citizen to furnish such credible information if and when he can. The statute by the same section requiring such apparently infected person, on notice, to procure a clean bill of health *quoad* such diseases, indicates the view the legislature takes of the seriousness of the danger to the public of venereal infection.

I am of opinion that any medical man—while there is no legal obligation cast upon him to do so—owes a moral duty to those for whom he is family physician to warn them of danger of venereal infection concerning which he has credible information. If he failed to do so, the family would have a good right to complain and to decline to continue to employ him. It was, too, a matter that could not wait.

For example, suppose in the present case that the plaintiff was in fact infected, and, there being no warning given, the little girl of E. had become infected, what would E. have said? What excuse would the doctor have had? Of course, the danger to the child sleeping with an infected woman is notorious—"common knowledge."

Much the same considerations apply to the communications to the father. The doctor honestly thought the daughter was diseased, he honestly thought that he was the family physician—what else could he do but inform the father? I think it was his moral duty to do so; and the fact that the girl had been his Sunday School scholar rather increased than diminished the duty.

The tendency of the English cases has been rather "to extend the limits of the moral duty or reasonable exigency which authorizes the publication of defamatory matter": *Cowles v. Potts* (1865), 34 L.J.Q.B. 247, *per* Blackburn, J., at p. 250. I agree with the statement in Gatley on Libel & Slander, at p. 231, "the law . . . . would be followed at the present day . . . . that where a person who has information which materially affects the interests of another tells that other what he knows

with the honest purpose of protecting his interests, and in the full belief that his information is true, such communication, though volunteered and made to a complete stranger, is privileged": *Davis v. Reeves* (1855), 5 Ir. C.L.R. 75, at p. 90; *Amann v. Damm* (1860), 3 C.B.N.S. 597, at p. 602; *Davies v. Snead* (1870), L.R. 5 Q.B. 608, at p. 611; *Stuart v. Bell* (1891), 2 Q.B. 341 at p. 347; *Toogood v. Spyring* (1834), 1 C.M. & R. 181, at p. 193.

The tendency in the American courts, or some of them, indeed seems the other way; but I am not bound to follow them and do not follow them.

I think then these were occasions of qualified privilege.

Such privilege is, of course, lost if there were malice proved: "Qualified privilege is a defence only to the extent that it throws on the plaintiff the burden of proving express malice. Directly the plaintiff succeeds in doing this the defence vanishes, and it become immaterial that the publication was on a privileged occasion": *Smith v. Streatfeild* (1913), 3 K.B. 764, at p. 770, *per* Banks, J.

If the occasion be one of qualified privilege, the plaintiff must, in order to succeed, prove that the defendant was not using the occasion honestly for the purpose for which the law gave it to him, but was actuated by some indirect or ulterior motive, *e.g.*, malice in the popular acceptation of the term: *Gatley*, op. cit., pp. 280, 281; *Clark v. Molyneux* (1877), 3 Q.B.D. 237. It is not necessary that the malice should be against the plaintiff—if the publication be made to gratify the defendant's malice against a third person, *e.g.*, the father of the plaintiff, the defence of privilege fails: *Stewart v. McKinley et. al.* (1885), 11 Vict. L.R. 802.

The mere fact that the words were untrue is no evidence of malice, no disproof of *bona fides*: *Caulfield v. Whitworth* (1868), 18 L.T.N.S. 527.

What are relied upon to prove malice are: (1) Want of examination of the plaintiff by the defendant to establish that she was infected with gonorrhoea; (2) conduct indicating ill-will against the father.

As to the latter I do not believe the father's evidence and do believe that of the defendant—there were no expressions of ill-will and no ill-will by the defendant against B. C. There is and can be no pretence of ill-will against the plaintiff—she had been the defendant's Sunday School scholar, and he had a regard for her—certainly no ill-will.

Even if the defendant had been negligent in not making an examination of the plaintiff, that would not be malice. "Mere carelessness is not of itself malice": *Thompson v. Dashwood* (1883), 11 Q.B.D. 43, at p. 46; *Cooke v. Brogden* (1885), 1 Times L.R. 497, at p. 498; *Pittard v.*

*Oliver* (1890), 63 L.T. 247, at p. 248. Not even gross negligence: *Lawrence v. Death* (1908) 28 N.Z.L.R. 620.

I find here no reckless indifference on the part of the doctor as to the truth or falsity, such as would evidence malice: *Clark v. Molyneux*, 3 Q.B.D. 237; *Royal Aquarium and Summer and Winter Garden Society v. Parkinson* (1892), 1 Q.B. 431 (C.A.).

Finding, as I do, that the defendant had an honest belief in his statements, I cannot infer malice, even if he might have been more careful.

But I fail to see how the defendant could have been reasonably expected to make more certain of the truth of his information—it has not been proved that he could have done so by any such examination as is suggested. And, if I am to be permitted to use the information afforded by medical works of authority, it is clear that the girl might be a focus of infection without any tangible or visible signs of such a condition and without knowing her condition. Had the presence of the infection in the young woman been in question, I should have required much stronger and more detailed evidence of her freedom from the disease than was given to convince me. See, e.g., George Luys' "A Text-Book on Gonorrhoea", Toronto ed., 1913, pp. 22-24.

I do not, however, place any reliance upon this phase. What is in my mind is that the fact that the doctor did not insist on making an examination of the girl does not establish malice—amongst other reasons, he had been taught that he had no right to do so without the father's consent.

I think that the defendant in acting as he did, acted as a good citizen, a conscientious physician, under a real sense of duty and without malice.

His refusal to sign the proposed apology is no evidence of malice—he thought, as I think, that he had acted as his moral duty called upon him to act; and no honest man should or could ever apologize for doing his duty.

The action must be dismissed with costs. No complaint is made of the report of the Health Officer, Exhibit 1—this is clearly privileged.

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# The Sanitary Inspectors' Association of Canada

TWELFTH ANNUAL REPORT OF THE EXECUTIVE COUNCIL  
YEAR ENDING JUNE 30, 1924.

**T**HE Executive Council has pleasure in presenting the following Annual Report on the work of the Association for the year ending June 30th, 1924.

The last Annual Convention was held in Calgary, Alberta, on September 5th, 6th and 7th, 1923. This was our eleventh gathering and it can truly be said to have been one of our best. The Calgary members spared no pains to make us feel at home and their hospitality was remarked upon by all. The sessions were especially interesting and the meetings pleasant throughout.

One of the first duties of this Executive was to arrange for affiliation with the Canadian Public Health Association. We are pleased to state that right from the beginning we were received very courteously by the officers of that organization. Our correspondence with Dr. Phair, Secretary, has right along been most cordial, and we soon realized that we were among friends. We have also received very kindly consideration from Dr. Bates, Editor, and Miss Ferris, Secretary, of the PUBLIC HEALTH JOURNAL. They have given us ample space for our articles and news jottings. We desire to express our appreciation of the service given. We feel certain that this joining of forces will be to the advantage of all.

It was found that the grading of our men in one of the provinces was very low and a resolution on this matter was passed at the last Annual Meeting instructing this Executive to make inquiry, and with power to request from the authorities, proper classification as technical experts. We wrote to the Boards of Health of the various provinces and found that in every case except the one in question, Sanitary Inspectors were graded as technical experts. We brought this matter to the notice of the Civil Service Commissioner of the province where our men were wrongly graded, and we hope that a satisfactory adjustment has been made.

We are glad to be able to report that meetings of Local Branches have been held during the winter at several points. The Manitoba and Saskatchewan Branches have also met at stated intervals for the transaction of business. We would once more emphasize the value of these meetings. Our best work is not done in Annual Convention, but in smaller groups. For this reason we would urge that wherever a few members can be got

together during the winter months meetings be held. Not only can matters pertaining to the welfare of the Association be dealt with, but it does even the most backward member an immense amount of good to prepare a paper. These meetings afford the members an excellent opportunity of keeping abreast of the times and thus better fit themselves for their duties. In addition, the Executive Council can keep in closer touch with the members. We would also like to point out that if we are to keep our section of the Journal supplied with papers it will be necessary for the Branches to keep up the supply. The papers recently published in the Journal have nearly all been read at Branch meetings.

The following is a statement of our membership. At June 30th, 1923, our membership was:

	Members	Associate Members	A Total of
Ontario .....	9	6	15
Manitoba .....	24	2	26
Saskatchewan .....	12	3	15
Alberta .....	7	...	7
British Columbia .....	1	...	1
—	—	—	—
A total of .....	53	11	64

At June 30th, 1924 our membership was:

	Members	Associate Members	A Total of
Ontario .....	5	5	10
Manitoba .....	24	3	27
Saskatchewan .....	17	1	18
Alberta .....	19	3	22
British Columbia .....	1	...	1
—	—	—	—
A total of .....	66	12	78

The members will be pleased to note the increase in membership during the past year. We congratulate the Alberta Branch on the substantial addition to their numbers, and we trust that they will keep on increasing. The only province showing a decrease is Ontario; this is due to a lack of interest and some misunderstanding among the Inspectors in one of the large centres. There must be a large number of men in this province whom we have not yet touched. We would respectfully suggest that in the year ahead of us, the Provincial Executive get together on this matter. Anything that we as an Executive Council can do in the way of writ-

ing will be done, but after all it is the personal touch that counts. As stated in a previous report, there is plenty of room for expansion in British Columbia. During the year we once more tried to interest the men out there but so far without success. Our Branch President, Mr. H. S. Sturgess has done his best too. Our only hope of getting these men to unite with us is in holding a convention out there. We trust that this may soon be possible.

We regret to inform the members of the death during the year of Mr. G. O. S. Laflamme, late Chief Sanitary Inspector, Ottawa, Ontario. The deceased was a member with us for a number of years and was President of the Association for 1921-2. Mr. Laflamme will long be remembered for his genial personality and strong attachment to our Association.

We wish to express our sincere appreciation of the work done by the Presidents and Secretaries of the Local and Provincial Branches, and all others who have in any way helped forward the work of the Association.

The usual financial statement, prepared by the Secretary-Treasurer and certified correct by the Auditors for the year, Messrs. F. Hudson and J. Shepherd, is as follows, from which it will be seen that there is a balance in the bank and on hand amounting to two hundred and ten dollars, nineteen cents (\$210.19).

Respectfully submitted,

(Signed) ERNEST W. J. HAGUE,

*President,*

(Signed) ALEXR. OFFICER,

*Secretary-Treasurer.*

THE SANITARY INSPECTORS' ASSOCIATION OF CANADA.

Statement of Receipts and Disbursements, 1st July, 1923, to 30th June, 1924.

RECEIPTS	Printing 300 copies of Constitution and By-laws .....	36.00
To Balance in bank and on hand at June 30th, 1923 .....	\$ 93.03	Annual Convention expenses .....
Subscriptions received .....	520.00	Honorary to Secretary-Treasurer .....
Interest on bank account .....	3.21	Mineographing circular letters .....
	<hr/>	<hr/>
	\$616.24	Printing letter paper, envelopes, etc. ....
		Loose leaf book and records .....
		Refund of annual subscription .....
		Sundry expenses, postages, etc. ....
		Balance in bank and on hand .....
		<hr/>
		\$616.24

DISBURSEMENTS

By Subscriptions of 70 members to Canadian Public Health Association .....	\$210.00
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We have examined the accounts of the Treasurer of the Sanitary Inspectors' Association of Canada, from 1st July, 1923, to 30th June, 1924; compared the Cash Book with the vouchers and instructions and found the whole correct; and we certify the foregoing to be a correct abstract.

Winnipeg, Manitoba, July 12th, 1924.

(Signed) J. SHEPHERD,  
F. HUDSON,  
*Auditors.*

## ONTARIO BRANCH

Toronto, Ontario,

September 3rd, 1924.

DEAR MR. OFFICER:

Herewith please find short account of such efforts as have been put forth by Mr. McKee and myself acting as your Branch Secretary and Branch President for Ontario.

As I have previously written you, I was very doubtful if a large membership could be secured in our province, and being resident at North Bay isolated from Southern Ontario where most of the full-time Inspectors are employed, I had no means of testing out my theory until the present year when I moved south and took up my residence in Toronto. Since coming here I have had ample opportunity to discuss our Association with prospective members with the following results.

I have visited Ottawa, Peterboro, Hamilton and have also discussed our Association with the Health authorities in Montreal and Three Rivers, where I happened to be on other business. At all of these points, save Hamilton, I was met with the question, "What will the Association do for me if I join?" a rather difficult question for me to answer, since the problem with me is what can I do for the Association. I have also paid several visits to the City Hall in Toronto and have talked matters over with the Deputy Medical Health Officer, and am to have a meeting with the Executive of the Plumbing Inspectors' Association some time on my return from the West. There are 75 Inspectors employed by the City of Toronto, but many of these have previously belonged to the Royal Sanitary Institute, and for some reason are not very kindly disposed towards this institution. I wish at this point to have you understand that I could easily have increased our membership by 100 members, but in order to do so, the making of certain promises was necessary, which, while easily made, might have been difficult of fulfilment. For example, some officers ask "How can you get me an increase in salary?", "How can my status be increased?", "Where can I get recognition as a man who has studied and understands certain phases of Public Health?", and finally, "Where can I study such Public Health questions as my position demands I should be conversant with?"

In Ottawa, where we had several members, I was rather disappointed with my reception. The members claim that the Association was misrepresented and some three hours were necessary to fully explain the situation. Since these visits and a thorough canvass of the Health Administration of Ontario, I am convinced that the future of our Association here lies in the establishment of a school where the Sanitary Inspec-

tor can be trained. There is no doubt that the trained man sees the wisdom of attending meetings such as these and could easily see that such meetings are not possible without an Association, he would therefore join. I have tried through Mr. White Wallis to have an examining body set up here by the Royal Sanitary Institute. There is considerable opposition to the idea. The very people whom we require to help us argue it is not an examining body that we require, but a training school, which I am inclined to agree with. I have therefore prepared some material on the present status of the Sanitary Inspector in Ontario, and we have had this placed in the hands of the Professor of Hygiene of the University of Toronto who will give a decision in October.

It is not possible to hold meetings here such as are held in Winnipeg, due to the great distance which separates each member. If, however, Toronto can be induced to join us the matter of monthly meetings would, of course, be solved.

I am still as confident as ever that Ontario will yet bring the Association a large membership, but am just as sure that in order to keep these members once they have joined, some permanent gain to the individual must be given, and in my judgment the gain must be *educational*. This would bring higher status, permitting the Inspector to take his rightful place in all Public Health discussions, set up a standard of efficiency and prove to the people who pay our salaries (the tax-payer) that training was necessary to intelligently discharge the responsibility of such office.

Yours truly,

(Signed) ALEX. R. WHITE.

#### MANITOBA BRANCH

Winnipeg, Manitoba,

August 10th, 1924.

To the General Secretary,

Sanitary Inspectors' Association of Canada:

DEAR MR. OFFICER,

I have pleasure in submitting the Annual Report of the Manitoba Branch for the year 1923-4.

The activities of the Branch followed the lines pursued during several years preceding.

The winter syllabus seemed to fall short of the expectations of the standing committee, and was in some respects inferior to several of our programmes of earlier years; notwithstanding this, however, the ad-

dresses delivered, the visits of inspection, and the demonstrations given, were of a very interesting and instructive character.

The meetings were fairly well attended and the interest fully sustained.

It would be impossible, in a short general report, to give an adequate resumé of the various addresses and demonstrations. The printed syllabus must suffice to show their scope and setting.

I am satisfied that among the members the interest in the essentials of Sanitation and Public Health work generally is becoming both deeper and wider as the years go by, and that this deepening interest exercises a very real influence upon the quality of the work done in the various divisions of the Public Health service in which we are engaged.

Our Fifth Annual Social meeting, held in the Marlborough Hotel on 14th March, was undoubtedly one of our best social gatherings, an evening well spent and full of mutual good fellowship and enjoyment.

The Executive Council are to be congratulated on their successful effort to secure a magazine which will publish items of interest to all the active members of our Association and we have good reason to hope that the PUBLIC HEALTH JOURNAL and the fact that we are affiliated with the Canadian Public Health Association will prove of great value in consolidating our Association throughout the Dominion.

(Signed) ALEX. BARCLAY,  
*Branch Secretary.*

#### SASKATCHEWAN BRANCH

Regina, Saskatchewan,

August 19th, 1924.

ALEXANDER OFFICER, Esq.,

Secretary, Sanitary Inspectors' Association,  
Health Department, Winnipeg, Man.

DEAR SIR:

I have the honour to submit the following report of the activities of the above Branch of the Association for the past year.

It is very gratifying indeed to inform the members of the Association that the Regina Branch resumed its old-time vigour during the winter months. A preliminary meeting was held in the Health Office on October 9th, when it was agreed upon to resume our meetings. In previous years we held our meetings fortnightly, but this session it was decided to hold them once a month. Mr. Watson was appointed interim

chairman when a syllabus was drawn up. Mr. H. D. Mathias was appointed chairman and this appointment assured us of a good start in what proved to be an interesting and educative session and which was very much enjoyed by the Regina members.

One meeting was held of the Saskatoon Branch during the winter. Your Provincial Secretary had the pleasure of being present and a most enjoyable evening was spent.

The Moose Jaw members are visited on every possible occasion by your Provincial Secretary, and while we have not the pleasure of having the whole of the Moose Jaw staff on our membership roll it is always a pleasure to meet them all.

As a unit in himself, it always affords me great pleasure to drop in upon our esteemed friend Mr. Albert Wright, of Prince Albert. To those who are working as individuals, I find they are always delighted to have a visit from anyone from another point, as it affords them an opportunity to discuss and get the views of others on the problems that beset us in our work.

I have not had an opportunity of seeing our members at Weyburn or Swift Current for some time, but as no news is usually good news, I presume that everything is going smoothly with them.

Our Annual Provincial Meeting was held on April 18th in the Council Chambers, City Hall, Regina. At this meeting we had Mr. W. Appleton of Saskatoon with us. The day was very fully taken up with business of the Association and the evening was spent in games and social conversation. Mr. Joseph Symons was nominated as Vice-President for the ensuing year.

Yours sincerely,

(Signed) ANGUS M. S. ALLAN,  
*Branch Secretary.*

#### ALBERTA BRANCH

Calgary, Alberta,

August 18th, 1924.

To the Secretary and Executive,  
Sanitary Inspectors' Association of Canada.

GENTLEMEN:

I have the honour to submit the report for the past year on the activities of the Alberta Branch. Our meetings are limited owing to the scattered districts of the province to be covered by our members, also by the

diminished numbers employed in our Health Departments, thereby detracting much of the usual community gatherings. Nevertheless there was nothing lacking in the co-operative spirit which is so evident in our Association.

Considerable progress has been shown in Public Health work, especially in the rural districts by our members as shown in their reports. Our Provincial Department of Health has accomplished much, and much of this is due to the stimulus and support of Mr. R. B. Owens, B.A., B.E., Provincial Engineer, one of our honorary members. Our city members have been carrying on their duties under restricted conditions as to numbers employed but they still keep smiling even under the adverse conditions which present themselves at various times in the "complaints and grievances" with which we are so well acquainted. This was well expressed by Dr. Lethaby, London, in the following words. "There are many occasions, especially those of secondary importance, where the Health Inspector acts as an intermediate agent between the public and the administration where his functions are those of a conciliator, to listen to complaints and grievances on one side and angry recrimination on the other. Judging, however, solely of the question of public safety and public health and disregarding or calming down the animosities with which the complaints are too often beset, he should endeavour in such wise as to satisfy the demands of the administration as well as the reasonable objections of the opponents. His advice indeed should be such as will not only meet the requirements but will also gain the assent of every good citizen. Above all, he should even oppose himself to all vexatious and litigious proceedings, to all unfounded misapprehensions, and to all exaggerated views of public sanitary questions, for nothing is more likely to impede the progress of knowledge and to bring the functions of his office into disrepute than the unchecked fancies of visionary alarmists or the still more mischievous opinions of sensational agitators." Don't we deserve public sympathy and support in our labours?

We still look back with pleasure to our last convention held in this city, and trust that the same success will attend the efforts of our members at Fort William for the furtherance of our Association. Probably some of our Alberta members will be in attendance to convey our personal regards and greetings to the 1924 Convention.

Respectfully submitted,

(Signed) J. B. WHITEOAK,  
*Branch Secretary.*

## BRITISH COLUMBIA BRANCH

Vancouver, B.C.,

August 26th, 1924.

**DEAR MR. OFFICER:**

Owing to the B. C. Branch being non-active, it is foolish for me to try to write an Annual Report. This I am sure you will agree with. Nothing, however, would have pleased me more than to have written you a glowing report of this Branch, but at present it is impossible. I am afraid, too, it will be, until as I have suggested several times before, that some one who is a member of the Executive can come to Vancouver and interview the men here. Until that time is possible I feel reluctant to make any further suggestions to the B. C. men. As the Convention opens this week, I feel I must write you a few lines wishing you all a happy time and trusting the Convention will be a great success from every point of view.

Yours sincerely,

(Signed) H. S. STURGESS

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## Monthly Jottings of Sanitary Inspectors

The President and members of the Executive Council extend their best wishes to the membership that the Christmas season may be joyous, and that the coming New Year may be prosperous both to the members individually and to the Association.

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Don't forget that subscriptions for 1925 become due on January 1st.

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This is the time of the year when our people are indoors a good deal, and are crowded together in churches, theatres, social gatherings, and in cities, especially in street cars.

The inevitable happens—coughs, colds, influenza, and other diseases are rapidly spread. The lives lost, the inconvenience and suffering caused, the lowering of the tone of the system and loss of resistance, the slow recovery in many cases, the loss of time and labour values due to what we have come to regard as quite a commonplace occurrence, and one not to be avoided, are in the aggregate enormous.

Logically, all persons affected with any of these easily transmittable diseases ought to be isolated. Many doctors recommend rest in bed for such patients, but in actual practice only those so sick as to be unable to get out are kept at home.

We keep right on taking a chance of contracting these diseases, in fact, under present conditions we are compelled to take such chances. We also consider it all right that the other fellow must take his chance also.

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The new Chlorine gas treatment is being tried out by the Chicago Health Department at one of the hospitals. A large room is provided where a number of patients can receive treatment at one time. In New York, apparently, the report on this treatment was not favourable, but in other places very good results have been obtained. The Winnipeg General Hospital is now experimenting with this remedy.

It would certainly be a great boon to humanity if a simple exposure for periods of one hour to an atmosphere containing a small amount of chlorine should prove effective in rapidly rendering abortive attacks of coughs, colds, influenza, bronchitis and similar diseases.

## Victorian Order of Nurses

### NEWS NOTES

Miss Kate Cowan, graduate of Johns Hopkins Hospital, Baltimore, and of Simmons College, Boston, recently attached to the Department of Public Health Nursing, Toronto University, and who has had considerable experience in field work supervision, has been appointed by the Central Board of the Victorian Order of Nurses for Canada as Supervisor of Students for the coming year. This group includes students having their field work with the Victorian Order while taking Postgraduate work with the Canadian Universities, Toronto, Western, and McGill.

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The Victorian Order of Nurses for Canada will be represented at the annual meeting of the Social Service Council for Canada, meeting in Hamilton, January 25th-29th, 1925, by Miss M. E. Hanna, District Superintendent, Hamilton, and Miss Mary Stevenson, Central Supervisor for the Victorian Order of Nurses for Canada, and three members of the Hamilton Local Association appointed by that committee, Mrs. W. E. Phin, Mrs. J. Counsell, and Mrs. A. F. Dowie.

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Mrs. Aubrey Brown and Mrs. J. S. Turnbull, of the Digby Local Association, Victorian Order of Nurses were in Ottawa on October 16th and attended the meeting of the Executive Council in the offices of the International Joint Commission. Later these ladies inspected the Central offices in the Jackson Building, where methods of the national administration were observed.

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Mrs. William Dennis, Cobourg Road, Halifax, N.S., attended the meeting of the Executive Council, V.O.N., on the 16th of October, in Ottawa, and was nominated and enthusiastically appointed a member of the Council. Mrs. Dennis was one of the founders of the Victorian Order, in conjunction with the Countess of Aberdeen, and with Mrs. Garvin and Mrs. James Macauley of Vancouver.

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*Mimico, Ontario.*—A Victorian Order Local Association was formed at Mimico, Ontario, on August 1st. Miss Ruth Sanders, graduate of Public Health Nursing Course, Toronto University, 1922-23, and then of the Montreal staff, has been appointed to open up the district of Mimico.



## The Provincial Board of Health of Ontario

Communicable Diseases reported for the Province for the month of November, 1924

COMPARATIVE TABLE

Diseases	1924 Cases-Deaths	1923 Cases-Deaths
Cerebro-Spinal Meningitis .....	10      8	2      ...
Chancroid . .	3      ...	2      ...
Chicken Pox .....	1076     ...	483     ...
Diphtheria . .	494     37	374     22
Encephalitis Lethargica .....	1      1	...     6
Gonorrhoea . .	191     ...	91     ...
German Measles .....	44     ...	...     ...
Influenza . .	...     8	...     7
Measles . .	1834    4	293    ...
Mumps . .	641     ...	25     ...
Pneumonia . .	...     153	...     128
Poliomyelitis . .	20     2	1     ...
Scarlet Fever .....	736     10	680     11
Septic Sore Throat .....	...     ...	11     1
Small Pox .....	21     ...	58     ...
Syphilis . .	142     ...	187     ...
Tuberculosis . .	165     63	116     58
Typhoid . .	89     11	68     13
Whooping Cough .....	488     5	369     6

The following municipalities reported cases of Small Pox: Stephen-  
son Tp. 2, Howard Tp. 2, Harrick Tp. 2, Wainfleet 4, Port Colborne 2,  
Chippawa 3, Paris 1, Brantford 1, Camden Tp. 3, Sherbrook Tp. 1.

## News Notes

The average life capital of each resident in the province of Nova Scotia at the time of the 1921 census, as determined by a life table, was about 39 years. If there were no such disease as tuberculosis, the average life capital would have been about 41 years, or an additional 2 years for every person in the province. This is a total of over 1,000,000 years and if we accept Dr. Dublin's estimate that a year of life should represent a contribution of approximately \$100.00 to the national wealth, the deduction is obvious that the presence of tuberculosis in this province represents a loss in life capital which can be measured by \$100,000,000.00.

Is tuberculosis worth it? We have it to a great extent, because, if we do not want it, we at least accept its presence without sufficiently vigorous protest.

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The following is the programme for the Conference on the Medical Services in Canada being arranged by the Canadian Medical Association, to be held in the House of Commons, Ottawa, December 18, 19, 20. The Conference is under the patronage of the Honourable Henri Béland.

### THURSDAY, DECEMBER 18TH.

10.00 a.m.—Registration.

10.30 a.m.—The Opening Addresses of the Conference will be delivered by—

The Honourable Henri Béland, M.D., M.P., Minister of Health for Canada.

J. Franklin Kidd, M.D., C.M., LL.D., Ottawa. President, Canadian Medical Association.

David Low, M.D., C.M., Regina. President-Elect, Canadian Medical Association.

11.00 a.m.—Address of Chairman.

Alexander Primrose, C.B., M.B., C.M., Toronto.

11.45 a.m.—Health Surveys, Health Nurses, and the Relation of the Medical Profession thereto.

John A. Amyot, M.B., C.M.G. Deputy Minister of Health for Canada.

2.00 p.m.—MEDICAL LICENSURE.

The subject will be introduced by—

Jas. M. MacCallum, B.A., M.D., C.M., Toronto. Past President, Medical Council of Canada.

FRIDAY, DECEMBER 19TH

9.30 a.m.—Housing in Saskatchewan.

M. M. Seymour, M.D., C.M., D.P.H., Regina. Commissioner of Health for Saskatchewan.

The Reporting of Communicable Diseases.

A. C. Jost, M.D., C.M., Halifax. Provincial Health Officer for Nova Scotia.

The Greatest Public Health Need of Canada.

John W. S. McCullough, M.D., D.P.H., Toronto. Chief Officer of Health for Ontario.

2.00 p.m.—Health Insurance—A Report of a Study made in British Columbia.

J. H. McDermot, M.D., C.M., Vancouver.

Other subjects to be announced.

7.30 p.m.—Dinner.—Chateau Laurier Hotel.

SATURDAY, DECEMBER 20TH

9.30 a.m.—MEDICAL EDUCATION.

- (a) Curriculum.
- (b) Standards of Education.
- (c) Compulsory Educational Subjects.
- (d) Optional Courses.

The subjects will be introduced by—

J. J. R. Macleod, M.B., Ch.B., D.P.H., F.R.S., Toronto.  
and

C. F. Martin, B.A., M.D., Montreal.

Post Graduate Medical Education in Canada.

Geo. S. Young, B.A., M.B., Toronto.

2.00 p.m.—If the Conference so decides, a session will be held in the afternoon to deal with any new and unfinished business.

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Mrs. Clive Neville Rolfe, O.B.E., General Secretary of the National Council for Combating Venereal Diseases, has been a welcome visitor in Canada. Unfortunately her trip was somewhat curtailed and it was only possible to visit a few points. Addresses were, however, given in Toronto, Brantford, Ottawa, Montreal, St. John and Moncton in New Brunswick. In addition to this Mrs. Rolfe attended various conferences with officers of the Social Hygiene Council and various health officials. It is expected that Mrs. Rolfe's brief tour will be of great value in stimulating Social Hygiene activities in the Dominion.

A meeting of the Executive of the Canadian Public Health Association is called for December 16th at the Chateau Laurier, Ottawa.

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In December the Department of Health of New Brunswick put into operation regulations for examination and licensing of plumbers in the province. This is a matter that has been urged by the Plumbers Association for some time past, and it is hoped that it will have a beneficial effect.

It is designed to raise the average standard of the art of plumbing. It provides for a five years' apprenticeship in the practical work of plumbing, and that after a certain date in February, 1925, no one shall practise the art of plumbing in the province without undergoing an examination in the theory and practice of the art.

The Examining Board constituted under the regulations consists of the Chief Medical Officer of the province, a master plumber and a journeyman plumber.

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A similar provision was put into effect by regulations concerning embalming about two years ago in the Province of New Brunswick. It has up to date worked smoothly and well and, though not, perhaps, of such practical importance as that just referred to, yet it is of sufficient moment to warrant the action that has been taken.

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On December 1st and 2nd special meetings were arranged in Montreal at the Mount Royal Hotel by the Canadian Social Hygiene Council, both of which were addressed by Mrs. Neville Rolfe. On the afternoon of December 2nd a representative gathering of heads of organizations decided to make plans to organize a Social Hygiene Council in the City of Montreal. A temporary committee was appointed to discuss ways and means and to call a committee meeting in the near future. This committee consisted of Dr. Grant Fleming, convenor, Dr. A. K. Haywood, Mme. Gerin Lajoie, Rev. Father Hingston, Mrs. J. A. Henderson, Rabbi Merritt, Dr. D. McKenzie, Dr. A. H. Desloges, Dr. F. S. Patch, Dr. Helen R. Y. Reid.

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The Annual Meeting of the Toronto Social Hygiene Council was held on November 24th. The following officers were appointed. Mr. W. H. Shaw, President; Dr. F. W. Routley, Vice-President; Mr. J. Howson, Honorary Treasurer; Dr. C. P. Fenwick, Secretary. A very intensive programme is being arranged for the coming year.

The Rockefeller Institute for Medical Research has announced the release of the drug known as Tryparsamide for use in the treatment of human and animal trypanosomiasis (African sleeping sickness and *mal de caderas*) and selected cases of syphilis of the central nervous system. This action is based on results reported from clinical investigations which have been in progress for several years. The drug will be manufactured by the Powers-Weightman-Rosengarten Co. of Philadelphia, and will become available through the regular trade channels about January 1st, 1925. In releasing the drug for the benefit of the public, the Rockefeller Institute desires it to be known that the Institute does not share in any way in profits that may be derived from the sale of the drug and that, with the cordial co-operation of the manufacturers, provision has been made for the maintenance of a schedule of prices on as low a basis as possible.

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A decrease in deaths from tuberculosis and infant mortality in the past twelve months is shown in the annual report of Dr. Boucher, Director of Public Health, City of Montreal. By the statistics given in his report it would appear that cancer is on the increase, although the percentage considering the increase in the population does not show a greater ratio to the population. In 1923 births totalled 20,527; deaths 10,074. Computed on a percentage basis, these figures show that there were 31.94 births and 15.67 deaths per thousand of population. The infant mortality under one year was 148.9 per thousand births, a slight decrease for 1922.

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Dr. A. H. Desloges, Director of the Provincial Insane Asylums, who was Canada's medical representative at the recent International Medical Congress at Berne, reports that while in Europe he also attended the Congress of Mental Hygiene in Belgium. He was much impressed by the amount of attention given to the subject of feeble-mindedness in children, especially to a discussion of its causes and treatment. Intelligence tests were more and more frequently employed, especially in determining the amount of abnormal mentality and the detection of criminal tendencies.

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The Board of Education in Kingston, Ontario, has established a health committee, its duties to be the conservation of the health of the school children, the supervision of the nurses or other staff engaged in the work, the provision of all necessary equipment and the promotion of the closest co-operation with the Kingston Board of Health and its officers. The committee will consist of five members.

## Editorial

### THE CONFERENCE ON MEDICAL SERVICES

The Conference on Medical Services called in Ottawa, under the auspices of the Dominion Ministry of Health, for December 18th, 19th and 20th, proved to be of the greatest importance. The conference consisted of representatives of the Canadian Medical Association, the Provincial Medical Associations, the Provincial Licensing bodies, the Universities and the Provincial Health Officers.

It is obvious that for the many organizations which in one way or another have to do with the prevention and cure of physical and mental disease to attempt to carry on without occasional conferences called with the idea of co-ordination of all forces is absurd. In spite of this it is nevertheless true that all of these bodies have in past years attempted to do just this. Confusion worse confounded might well result. Lack of full efficiency undoubtedly has resulted.

The ideal of organized medicine can only be the final elimination of preventable disease from the community and the organization of a machinery of such efficiency that the many preventable or unpreventable mishaps to which humans are subject can be cared for with the greatest efficiency. The machinery necessary for such must of necessity include all of those men who by training have been especially fitted for work in this field. The health officer, the practising physician, the University teacher, all have a part in making health conserving machinery efficient and it is only fitting that this fact should be recognized by the calling of a conference such as that called in Ottawa.

The Conference of Medical Services will, it is expected, be in future an annual affair and those matters discussed this year will be further gone into in future years. Standards of teaching, methods of licensing physicians, efficiency in public health machinery, classification of medical schools—subjects discussed this year—are all of great significance. The important thing is that subjects of this kind should be discussed by *all* of the medical services under the auspices of our own Ministry of Health. THE PUBLIC HEALTH JOURNAL congratulates the originators of this conference and looks forward with interest to the development of the idea behind it.

## VENEREAL DISEASES

The Conference on Medical Services held in Ottawa passed the following resolution regarding the methods in vogue in Canada for the control of venereal diseases.

"That the conference approves the principle of combating venereal disease by community efforts, appreciates the value of the work accomplished during the past five years, realizes the necessity of maintaining and augmenting the work of the clinics, which should be closely supervised to avoid abuse, and strongly urges upon the Federal and Provincial Governments the need of continuous and increasing financial support."

That such a resolution should be passed unanimously by the most important and representative medical conference yet held in Canada is of the greatest significance. It means that medical opinion is definitely behind all efforts on the part of the Dominion and Provincial Governments to make *more* efficient the machinery which has been created by the Dominion and the Provinces for the control of venereal diseases. It is hoped that parliamentarians, Dominion and Provincial, will take notice.

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## Book Reviews

The following books have been received, and the courtesy of the publishers in sending them is hereby acknowledged. Reviews will be made of these volumes from time to time.

*"Minor Surgery and Bandaging."* By Gwynne Williams, M.S., F.R.C.S. Published by the Macmillan Company of Canada, Ltd., Toronto. Price \$3.00.

*"Applied Chemistry for Nurses."* By Stella Goostray, R.N., and Walter G. Karr, M.S., Ph.D. Published by the Macmillan Company, New York. Price \$2.00.

*"The Modern Practice of Tooth Extraction."* By Lester Richard Cahn, D.D.S. Published by the Macmillan Co., New York. Price \$2.00.

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